

*03-08-04*  
PART B - FEE(S) TRANSMITTAL

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7590 12/24/2003

Foley & Lardner  
Suite 3800  
777 East Wisconsin Avenue  
Milwaukee, WI 53202-5306



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Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for ~~REGULAR~~ mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                          |                    |
|--------------------------|--------------------|
| Roberta A. Cooper        | (Depositor's name) |
| <i>Roberta A. Cooper</i> | (Signature)        |
| March 5, 2004            | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/669,418      | 09/25/2000  | Joel I. Dulebohn     | 660336.90918        | 4039             |

TITLE OF INVENTION: METHOD FOR PREVENTING PHOTOOXIDATION OR AIR OXIDATION IN FOOD, PHARMACEUTICALS AND PLASTICS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665     | \$0             | \$665            | 03/24/2004 |
| EXAMINER       |              | ART UNIT  | CLASS-SUBCLASS  |                  |            |
| KAM, CHIH MIN  |              | 1653      | 514-002000      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Foley & Lardner LLP

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Natura, Inc.

Lansing, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *M. Scott McBride* (Date) *03/05/04*  
M. Scott McBride, Reg. No. 52,008 *03/05/04*

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/11/2004 WASFAW2 00000079 09669418

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TRANSMIT THIS FORM WITH FEE(S)



Atty. Dkt. No. 044829-0125

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Dulebohn et al.

Title: METHOD FOR  
PREVENTING  
PHOTOXIDATION OR  
AIR OXIDATION IN  
FOOD,  
PHARMACEUTICALS  
AND PLASTICS

Appl. No.: 09/669,418

Filing Date: 09/25/2000

Examiner: Kam, Chih Min

Art Unit: 1653

Confirmation No.: 4039

|  |                               |
|--|-------------------------------|
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |                               |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. |                               |
| EV 431597774 US<br>(Express Mail Label Number)   | 03/05/04<br>(Date of Deposit) |
| Roberta A. Cooper<br>(Printed Name)  |                               |
| <i>Roberta A. Cooper</i><br>(Signature)  |                               |

**ISSUE FEE TRANSMITTAL**

Mail Stop ISSUE FEE  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$665.00 for payment of the Issue Fee for the above-identified utility patent application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3/5/04

By M. Scott McBride

FOLEY & LARDNER LLP  
777 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-5306  
Telephone: (414) 297-5529  
Facsimile: (414) 297-4900

M. Scott McBride  
Attorney for Applicant  
Registration No. 52,008